



ALABAMA DEPARTMENT OF REVENUE  
MOTOR VEHICLE DIVISION

P.O. Box 327630 • Montgomery, AL 36132-7630 • (334) 242-9000

MVR 32-6-64R  
4/19

## Application For Reissuance of a Distinctive License Plate Category

OFFICIAL NAME OF THE DISTINCTIVE LICENSE PLATE CATEGORY	NAME OF THE SPONSORING ORGANIZATION		
CONTACT PERSON	DAYTIME TELEPHONE NUMBER (     )	FAX NUMBER (     )	
EMAIL ADDRESS			
MAILING ADDRESS	CITY	STATE	ZIP

☐ Yes ☐ No Does the organization elect to retain the current license plate design for reissuance. If no, please submit a new design.

☐ Yes ☐ No Would the organization like to be included in the distinctive vessel program (Section 33-5-11, Code of Alabama 1975)?

☐ Yes ☐ No Does the organization understand all proceeds from the sale of license plates and distinctive vessel program (if applicable) must be used within the state of Alabama?

☐ **Quantity Class 1 (250 to 999 registrations)** – All distinctive license plates qualifying under this class will be manufactured using a generic design approved by the Legislative Oversight Committee on License Plates (LOC) in accordance with the Legislative Oversight Committee on License Plates (LOC) guidelines and Alabama law.

☐ **Quantity Class 2 (1,000 or greater registrations)** – All distinctive license plates qualifying under this class may be manufactured using the design for Quantity Class 1 plates or with a unique design for the entire plate in accordance with the Legislative Oversight Committee on License Plates (LOC) guidelines and Alabama law.

### RESPONSES NEEDED IN THIS SECTION ONLY IF REDESIGNING PLATES

☐ Yes ☐ No Does the organization want the language "Heart of Dixie" to appear on the license plate? A conventionalized representation of a heart must appear on each license plate.

☐ Yes ☐ No Does the license plate design contain elements protected by copyrights? If yes, attach a letter from the organization granting permission to display the copyright element on the license plate.

### USE OF PROCEEDS

Please provide a detailed description of how the proceeds will be used (type or print): (*Not applicable for out of state college/university plates.*) A copy of an audit of your financial records conducted within the last two years by an independent public accountant or the Examiners of Public Accounts must be submitted with this application.

Address for distribution of proceeds: (*If different from above.*)

### CERTIFICATION

I certify that the information listed above is true and correct, and that I am authorized by the sponsoring organization to act on their behalf. I further certify the organization will file an annual report with the LOC each year on the Form LOC:1.

SIGNATURE OF AUTHORIZED OFFICIAL FOR THE SPONSORING ORGANIZATION

DATE

### THIS AREA TO BE COMPLETED BY DEPARTMENT OF REVENUE PERSONNEL ONLY

Number of registrations during previous 12-month period: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

I verify packet is complete for LOC consideration: \_\_\_\_\_